

Foster Family Home - Deficiency Report

Provider ID: 1-150067

Home Name: Lene Rose G. Galiza, CNA

Review ID: 1-150067-10

91-850 Kekakia Place

Reviewer: Ryan Nakamua

Ewa Beach

HI 96706

Begin Date: 11/22/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date:11/22/2023.)

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence by CCFFH of two week lapse in APS/CAN coverage for HHM#4 and HHM#6.

Foster Family Home Personnel and Staffing [11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g): No evidence by CCFFH of blood sugar skills checked by Case management agency for CG#1, CG#2, and CG#5 for client #1. No documentation was provided.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

3P)(b)(2)(4): No evidence by CCFFH of caregiver sign-out sheet has been documented when CG#1 leaves home and CG come to watch clients. Document provided by CCFFH is blank.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(C)(3): No evidence by CCFFH of RN delegation from case management agency for client #1 regarding blood glucose monitoring for CG#1, CG#2, CG#3. No documentation provided by CCFFH.

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Medication and Nutrition

[11-800-47]

47.(c)

Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

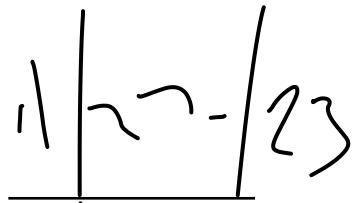
47.(c): No evidence by CCFFH of list of side effects for current medications for client #1. No documentation provided by CCFFH.



Compliance Manager



Primary Care Giver



Date



Date